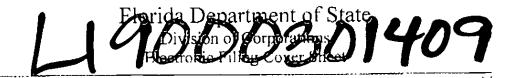
Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING Appount Number : I20110000069 Fhone : (954)567-0013 Fax Number : (954)567-3401

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: __kathy@apiprocessing.com

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	W&E Ayyad LLC		
(Name of the Limited Li (A F	ability Company as it now appear orida Limited Liability Company)	ra un our records.)	
The Articles of Organization for this Limited Liabilitation document number	ty Company were filed on	December 11, 2019	_ and assigned
nis amendment is submitted to amend the followin	g :	,	202
. If amending name, enter the new name of the	limited liability company h	ere:	20 FEB
te new name must be distinguishable and contain the words	"Limited Liability Company," the c	lesignation "LUC" or the abbre	eviation L.L.C.
nter new principal offices address, if applicable	<u> </u>	<u>.</u>	
Principal office address MUST BE <u>A STREET AI</u>	DDRESS)		. •
		·	00
nter new mailing address, if applicable:			
Aailing address MAY BE A POST OFFICE BOX	2		
. If amouding the registered agent and/or regist gent and/or the new registered office address he	tered office address on our r rc:	records, <u>enter the pame (</u>	of the new registe
Name of New Registered Agent:		<u></u> .	
New Registered Office Address:	Enter Flo	rida street address	
		, Florida	
_	City		Zsp Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I om familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Walid M. Okab	3345 Fowler Street	
		Fort Myers, FL 33901	!_Remove
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			□Add
		· , , , , , , , , , , , , , , , , , , ,	□Remove
			Change 220 F. Wild
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record specifies a	i delayed effective	date, but not a	n effective tim	ic, at 12:01 a.m.	on the earlier of	(b) The 90th	day after the
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